

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED] Date Enrolled 10-18-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
5-1-17	Insurance (Full Coverage) down payment	\$234.00	[REDACTED] has been an A2A client since 10-18-16. She is following through with appointments and classes. [REDACTED] is recently unemployed and cannot currently earn an income as she is due with her third child on 5-8. She is currently uninsured and needs a legal car to look for work after maternity leave as well as to get to classes, and necessary appointments. There are no other resources available to assist with this expense.
	Monthly Premium for May 2017	\$186.00	
Amt to be reimbursed		\$420.00	

Authorized person requesting purchase: Janet Doss Date: 5-1-17
 Alliance for Life Program Manager: [Signature]
 Approved for purchase: Emily Kraft Date 5/2/17
 Purchase denied: _____ Date _____
 Reason for denying purchase: _____

MAY-1-2017 11:25 FROM:
04/30/2017 22:51 417-837-0110
5/1/2017

4178644901
THE INSURANCE HOUSE
ITC TurboRater - Breakdown(Anber Miller)

TO: 18558565240

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FAX

877-0850

Missouri Personal Auto Comparative Rating System
THIS IS A QUOTE ONLY! NO COVERAGE PROVIDED BY THIS DOCUMENT

Insured Information:

Name:
Address:
City, State
ZIP:
Phone
Number:
Cell
Number: (-)
Work
Number: (-)
Quote
Number:

Agent Information:

Name: The Insurance House
Address: 2603-B N. Kansas Expressway
City, State: Springfield, Missouri 65803
ZIP:
Phone
Number: 417-837-0100
Website:
Producer
Code:

Company: First Chicago Maverick RTR
Rates Effective:
Policy Term: Semi-Annual
Quote By: Ed Nordstrom

Quote Date/Time: 5/1/2017 10:49:51 AM
Policy Effective: 5/1/2017
Policy Tier:
Lead Source: Previous Customer

Veh 1/
Drv 1

ITC Transaction ID
UDD Status
HOV Status
Driver Information
Driver DOR
SR-22
Points
Symbol
ZIP Code
City
County
Region
Veh Usage

Not Ordered
Not Ordered
F24S
5/7/1992
No
0

Work/School

Comprehensive Deductible
Collision Deductible

500
500

Liability BI 25000/50000
Liability PD 10000
Uninsured BI 25000/50000
Comprehensive
Collision

180.00
212.00
41.00
231.00
401.00

Subtotal
Broker Fee ((Applied to DP) - Pol)
Policy Fee
Total Premium

1,068.00
30.00
12.00
1,107.00

Down Pay
\$234.00

Amt. Financed
\$873.00

Payment Plan
of Payments

Payment Amount
\$186.60

Payment Total
\$933.00

Vehicle Information

Veh VIN Make Model Year

Vehicle Attributes

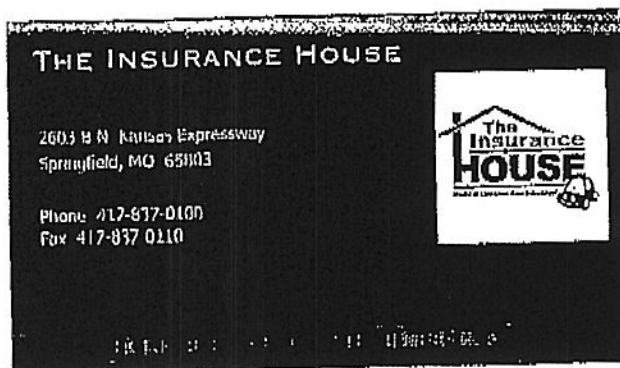
Attribute
Primary Operator
Actual Cash Value
Air Bag
Anti-Lock Device
Anti-Theft Device
Annual Miles Driven
Front Wheel Drive
Fuel Type
Miles Driven
MSRP
Number of Cylinders
Number of Doors
Passive Restraint
Vehicle Type
Monitoring Device

Veh 1
1
0
Both Sides
All Anti-Lock
Anti-Theft
Level 1
12000
Yes
Gas
0
24535
6
4
Both Sides
Car
No

Driver Attributes

Attribute
Name
Bankruptcy/Lien

Drv 1
NO



234/186
Full Coverage
120/83
LIABILITY